

Form No. 1

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of Summerville  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar Only  
**3482**

Registration District No. 1904 Registered No. 9  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Lindal If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age of Child 1 (6) DATE OF BIRTH Feb 16 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Lindal  
 (9) PRESENT POSTOFFICE OF FATHER Silver Spring  
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 28  
 (Year)  
 (12) BIRTHPLACE Clarendon W  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Lindal  
 (15) PRESENT POSTOFFICE OF MOTHER Silver Spring  
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 26  
 (Year)  
 (18) BIRTHPLACE Clarendon W  
 (19) OCCUPATION House & freed  
 (20) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was well at 11 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Mary Butcher  
 (24) State whether a physician or midwife (25) Address of Physician or Midwife Silver Spring

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 5 1923 (28) H. E. Richburg  
 Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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